MAXIMUS Federal Services

Case Number:	CM14-0199261		
Date Assigned:	12/09/2014	Date of Injury:	06/01/2010
Decision Date:	02/25/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 1, 2010.In a Utilization Review Report dated October 28, 2014, the claims administrator denied a flurbiprofen-tramadol containing compound.The applicant's attorney subsequently appealed.In a progress note dated May 24, 2014, the applicant was given Norco and oral tramadol for ongoing complaints of knee pain.In a subsequent note dated June 19, 2014, the applicant was given a flurbiprofen-tramadol compound along with an amitriptyline-dextromethorphan-gabapentin containing compound. The applicant was placed off of work, on total temporary disability.On August 28, 2014, Norco and tramadol were, once again renewed while the applicant was placed off of work, on total temporary disability, for additional six weeks. On July 24, 2014, the applicant's topical compounds were again renewed. Once again, the applicant was placed off of work, on total temporary disability, for additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen 20%/ Tramadol 20% 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the flurbiprofen-tramadol compound at issue, as a class, are deemed "largely experimental." Here, the applicant has received the compound at issue on several previous occasions, despite the unfavorable MTUS position on the same. The applicant has, however, failed, to demonstrate any significant benefit or functional improvement through ongoing usage of the flurbiprofen-tramadol compound at issue. The applicant remains off of work. The applicant continues to report issues with an antalgic gait on an office visit of July 24, 2014. The applicant remained dependent on opioid agents such as oral Norco and oral tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the compound at issue. Therefore, the request was not medically necessary.